STATE HEALTH BENEFITS PROGRAM FALL 2006 ANNUAL OPEN ENROLLMENT PERIOD FOR EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL (24 PAY PERIODS)

The annual Open Enrollment period for the State Health Benefits Program (SHBP) is scheduled for **October 1 to October 31**, **2006**. During this period, eligible employees have the opportunity to enroll in or change existing health coverage. Changes made during this Open Enrollment period will be **effective January 1**, **2007**.

Plan Information — Please see the *SHBP Plan Comparison* chart, or the *SHBP Summary Program Description* for information about the plans that are available to you.

Certain employees <u>hired on or after July 1, 2003</u>, are prohibited from enrolling in the Traditional Plan. This applies to State employees as determined by union contract and all non-aligned State employees as provided under Chapter 119, P.L. 2003. See your benefits representative for information about your union affiliation.

Most active Fraternal Order of Police members who are paid through Centralized Payroll and all members of New Jersey State Police units are also prohibited from enrolling in the Traditional Plan, effective July 1, 2005. **Note:** This provision <u>does not</u> apply to Fraternal Order of Police employees of Rutgers University, the University of Medicine and Dentistry of New Jersey (UMDNJ), or the New Jersey Institute of Technology (NJIT).

Changes to Health Plans — Recent changes to SHBP health plans are outlined in the Health Capsule newsletter that accompanies this flier. Be sure to read the Health Capsule, as plan changes may effect your chosen health plan. If you did not receive the Health Capsule, please see your benefits representative to obtain a copy.

Premium Sharing — The State Health Benefits Commission has approved new health plan rates for the 2007 plan year. The amount you may have to pay depends upon the agreement reached in the labor contract that covers your position or, in the case of non-aligned employees (those not covered by any labor agreement), by the rules established by the State Health Benefits Commission. Currently, *most* State employees premium share. This flier shows the premium amounts that apply to those employees.

For employees who are subject to premium sharing, there is no premium cost to any employee who enrolls in NJ PLUS. For all other plans, employees pay a percentage of the cost.

Employees who do not premium share are those represented by unions with a contract that does not permit premium sharing. These employees include the State Police Troopers, State Police Sergeants, State Police Lieutenants, and employees in the four law enforcement bargaining units, except the following employees, who must premium share: members of the State Law Enforcement Committee of the PBA (Non-Corrections) hired after June 30, 2000; members of the NJ Law Enforcement Supervisors Association (Sergeants Non-Corrections FOP) hired after November 1, 2002; and members of the NJ Superior Officers Association Lieutenants Unit (Non-Corrections FOP 183) hired after November 1, 2002.

AVAILABLE MEDICAL PLANS					EMPLOYEE PREMIUM INFORMATION				
				COST PER PAY PERIOD (24 PAYS)					
				(Represents 25% of full Traditional Plan premium or 5% of full HMO premium)					
Unit#	[‡] Health Plan Name	Member Services Telephone Number	Service Area	Single	Member & Spouse/ Domestic Partner	Family	Parent & Child(ren)		
101	NJ PLUS	1-800-414-7427	All of NJ & FL; Parts of DE, NY & PA	\$0.00	\$0.00	\$0.00	\$0.00		
102	Traditional Plan	1-800-414-7427	Unrestricted	\$87.27	\$186.78	\$222.30	\$128.90		
119	Aetna Health	1-800-309-2386	All of NJ, CT, DE, ME & Wash. DC; Parts of AZ, FL, GA, IL, IN, MD, MA, NV, NH, NY, NC, OH, PA, TN, TX, VA & WA	\$9.33	\$20.60	\$23.96	\$13.77		
120	CIGNA HealthCare	1-800-244-6224	All of NJ, AZ, CT, DE, MD, ME, NH, NM, RI, VT & Wash. DC; Parts of AL, AR, CA, CO, FL, GA, ID, IL, IN, KS, KY, LA, MA, MI, MO, MS, NV, NY, NC, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI & WV	\$10.65	\$23.24	\$27.72	\$15.99		
128	Oxford Health Plans	1-800-760-4566	All of NJ; Parts of NY	\$8.93	\$19.65	\$23.22	\$13.40		
133	AmeriHealth HMO	1-800-877-9829	All of NJ & DE; Parts of PA	\$10.29	\$22.89	\$26.66	\$15.19		
134	Health Net	1-800-441-5741	All of NJ & CT; Parts of NY	\$9.91	\$21.59	\$26.21	\$15.21		

EMPLOYEE DENTAL PLAN FALL 2006 ANNUAL OPEN ENROLLMENT PERIOD FOR EMPLOYEES NOT PAID THROUGH CENTRALIZED PAYROLL (24 PAY PERIODS)

The annual Open Enrollment period for the Employee Dental Plans is scheduled for October 1 to October 31, 2006. During this period, eligible employees have the opportunity to enroll in or change existing coverage. All enrollments or changes made during this Open Enrollment will be effective January 1, 2007.

Eligible employees may chose between the:

- Dental Expense Plan (administered by Aetna Dental); or
- one of the **Dental Plan Organizations** (DPOs).

Dental Plan Changes — Recent changes to dental plans are outlined in the *Health Capsule* newsletter that accompanies this flier. Be sure to read the *Health Capsule*, as plan changes may effect your chosen dental plan.

Dental Plan Rates — The State and State employees share dental plan premiums. Employees will pay the same premium amounts for any DPO in the 2007 plan year. Employee premiums for each plan and coverage level are shown in the chart below. Employees must maintain enrollment in a dental plan choice for a minimum of 12 months before they are permitted to change

plans. Therefore, if you were not enrolled in a dental plan as of January 1, 2006; you cannot make a dental plan change during this open enrollment.

See your benefits administrator to obtain an enrollment application and to find out when completed applications are due.

If you are changing DPOs, contact the new DPO to confirm participation of a particular dentist or dental facility in its program. Be sure you confirm that the dentist or dental facility you select is taking new patients and participates with the DPO in the State program since DPOs also service other organizations.

AVAILABLE DENTAL PLANS					EMPLOYEE PREMIUM INFORMATION			
				COST PER PAY PERIOD (24 PAYS)				
Unit#	^t Dental Plan Name	Member Services Telephone Number	Service Area (contact dental plan to verify available providers in your county)	Single	Member & Spouse/ Domestic Partner	Family	Parent & Child(ren)	
301	Atlantic Southern Dental (BeneCare)	800-843-4727	Parts of NJ	\$5.17	\$9.04	\$14.72	\$10.83	
302	Community Dental Associates	(856) 451-8844	Cumberland County NJ	\$5.17	\$9.04	\$14.72	\$10.83	
305	CIGNA Dental Health, Inc.	800-367-1037	Parts of NJ, Eastern PA	\$5.17	\$9.04	\$14.72	\$10.83	
306	Group Dental Health Administrators	(908) 241-9700	Parts of NJ	\$5.17	\$9.04	\$14.72	\$10.83	
307	Healthplex (International Health Care Srvs.)	800-468-0600	Parts of NJ	\$5.17	\$9.04	\$14.72	\$10.83	
308	Assurant Employee Benefits (formerly Fortis Benefits Dental Care of NJ)	800-443-2995	Parts of NJ, Parts of Eastern PA	\$5.17	\$9.04	\$14.72	\$10.83	
312	Flagship Health Systems, Inc.	800-722-3524	Parts of NJ	\$5.17	\$9.04	\$14.72	\$10.83	
314	Dental Group of New Jersey, Inc.	(908) 925-6022	Parts of NJ	\$5.17	\$9.04	\$14.72	\$10.83	
317	Horizon Dental Choice	800-433-6825	All of NJ (except Salem and Hunterdon Co.)	\$5.17	\$9.04	\$14.72	\$10.83	
319	Aetna DMO	800-843-3661	All of NJ, Eastern PA	\$5.17	\$9.04	\$14.72	\$10.83	
399	Dental Expense Plan ¹ (administered by Aetna Dental)	877-238-6200	Unrestricted	\$10.34	\$17.96	\$29.39	\$21.77	

¹Dental Expense Plan allowable charges are subject to the reasonable and customary allowances applied by Aetna Dental.